SCUTTLEBUTT

Naval Hospital Camp Lejeune

"We Build Strength Through Caring"

AUGUST 2011



Hospital Corpsman 3rd Class Christen L. Bloom gives John M. Gallagher a flu shot in the Internal Medicine clinic at Naval Medical Center San Diego on Jan 18

New vaccine recommendations affect parents; health care personnel; ages 50 and up; individuals with high-risk medical conditions; smokers...

Are YOU immunized?

A culture of safety and quality



D. J. ZINDER Captain, Medical Corps United States Navy

e were recently inspected do as well as we did without and we did very well, but what does that really mean?

and instructions, but more importantly they wanted to see if we provide safe, high quality health care. They know that programs and instructions are simply guidelines to follow, but recognized it. it is the people who create high quality service and make a place safe. It is not possible to

by the Joint Commission having a culture of safety and quality. A culture where everyone not only follows the guidelines. They checked our programs but constantly looks for ways to improve our processes and experiences to raise the margin of safety and level of quality for our patients. We have that culture here and the inspectors

> The Joint Commission inspectors together had well over 100 years of experience in

hospitals. For them to tell us our culture is good and we are doing great things was gratifying to hear. Let's keep that culture growing. If we always keep safety and quality at the forefront, both our patients' and our own experiences will always be good. What better place could there be for a person to receive their health care than one with a strong culture of safety and quality?

Corpsman awarded Silver Star



Navy Medicine corpsman awarded nation's third highest honor

U.S. Marine Corps Major Gen. Paul E. Lefebvre (left) awards Hospital Corpsman 1st Class (FMF/DV/FPJ) Amilcar I. Rodriguez the Silver Star medal during a June 24 ceremony at Marine Corps Special Operations Command in Camp Lejeune, N.C. Rodriguez, assigned as Company F, 2d Marine Special Operations Battalion combat advisor and corpsman during a Nov. 6, 2009, firefight during which he was wounded, now serves as a trauma instructor at Navy Medicine's Naval Special Operations Medical Institute (NSOMI).

I ant to be a contributing writer to Scuttlebutt, have a story idea, departmental achievement or photos to share? We want to know!

Send more information to nhclpao@med.navy.mil., anytime!



scut-tle-butt

- 1. Slang for spoken communication; through the grapevine
- 2. Nautical
- a. A drinking fountain on a ship; gathering place
- b. A forum for NHCL staff to get 'insider info'

SCUTTLEBUTT



Lejeune Family Medicine grads ready to go forth and serve

By Raymond Applewhite NHCL Public Affairs



uest speaker, Navy Capt. Mark B. Stephens, associate professor and chair of the Department of Family Medicine and the Uniformed Services University of the Health Sciences, Bethesda, M.D., spoke at the ninth Naval Hospital Camp Lejeune Family Medicine Residency graduation ceremony held July 1, at Marston Pavilion.

Becoming a doctor in the Navy is no easy task by any stretch of the imagination. It requires years of intense training, and military doctors have a long standing reputation of being highly qualified and skilled physicians. Once the training is complete they are available for assignment to anywhere in the world. This ceremony train. It provides a mixed patient

marked the beginning of that readiness phase for the Family Medicine residents and interns. After completing a rigorous training program at NHCL, the new doctors have orders in hand and are eager to report to their next duty assignment.

"Our current graduates are intelligent and exceptionally self-motivated," noted Dr. Phyllis MacGilvray, family medicine program director. "I am proud of their accomplishments and the patient care they have provided. I would be proud to have any one of them as my personal family physician."

The word "resident" was founded back in the early days of post-graduate training where resident physicians truly resided in the hospital. During internship or residency training, they endure very long hours, although they no longer reside in the hospitals they serve. Interns may work up to 16 consecutive hours and residents up to 24 consecutive hours, with an 80 hour per week maximum. They learn through experience and education while living through a state of constant fatigue.

Following graduation from these vigorous programs, residents will be eligible to take the American Board of Family Medicine (ABFM) certification exam. The internship graduates have completed one year of post-graduate training and either stay to complete residency or leave to take a General Medical Officer, Undersea Medical Officer, or flight training billet.

Camp Lejeune is an excellent place for providers to work and train. It provides a mixed patient

SEE GRADUATION page 8

Hospital construction six weeks ahead of schedule

By Pat Alford Organizational Growth and Development



The first of four structural steel elements were erected on the Outpatient Clinic addition of the hospital's construction and renovation project July 11, about six weeks ahead of schedule. On the Emergency Room and MRI Department addition to the hospital, pile caps and foundation elements are under construction. Over the next four months, the shape and scope of the building additions will become more and more evident. The general contractor intends to complete the exterior walls and roof on the Outpatient Clinic addition, Emergency Room and MRI Department by Dec., so that the interior work can be accomplished during the winter months.

Interior renovations continue in the Management of Information Department (MID), which has been relocated to Classrooms A/B and C. Pastoral Care, Security Department and Operations Management Department have returned to their original, renovated location.

CDC and FDA's new vaccine recommend

Cornelius Rowe Military Vaccine Agency Naval Hospital Camp Lejeune

Awareness Month (NIAM) sponsored by the Centers for Disease Control and Prevention (CDC), and each year, the Department of Defense takes part in this annual campaign. The DoD's 2011 NIAM theme is, "Immunization Health and the DoD Family."

Immunizations and vaccines provide protection from serious disease and illness, and have played a major role in preventing death and in keeping local communities, cities, the nation, and the world safe from vaccine-preventable diseases. The recommendations for individuals to receive immunizations and vaccines are periodically reviewed and are often updated, and within the last year, several new recommendations were published for individuals who have children ages two and older; work in the health care industry; are ages 50 and older; have high-risk health factors; smoke; or, are new to the military.

Take time out this month to learn about the new recommendations, and ensure you are taking steps to protect yourself from serious disease and illness.

The CDC and Federal Drug Administration (FDA) recommends 17 routine vaccines for everyone of all ages, including immunizations to help protect against infectious diseases like measles, diphtheria, and rubella. The Advisory Committee on Immunization Practices (ACIP), a committee within the CDC, periodically reviews the recommendations and updates which individuals are required and recommended to receive specific vaccinations. Recently, the CDC, FDA and ACIP issued several updates and recommendations that affect a broad range of individuals in groups according to occupation, age, gender, medical history, geographical location and lifestyle choices. Let's take a look at some of the recent updates and recommendations.

The ACIP updated the recommendations for people to receive the Meningococcal vaccine to prevent meningitis. As of Oct. 2010, two new recommendations are the routine vaccination of adolescents, preferably at age 11 or 12 years, with a booster dose at age 16 years; and, the vaccination of persons aged 2 through 54 with certain risk factors. The ACIP also recommends

routine Human Papillomavirus (HPV4, Gardasil) vaccination of females at age 11 or 12 years and catch-up vaccination for females aged 13 through 26 years; and, as of Oct. 2009, ACIP provided guidance that HPV4 may be given to males aged 9 through 26 years to reduce their likelihood of acquiring genital warts.

It is now recommended by the ACIP that all health care personnel, regardless of age, receive a single dose of Tetanus and Diphtheria Toxoids with Acellular Pertussis (Tdap) for prevention of tetanus, diphtheria and acellular pertussis for those who have not previously received Tdap and regardless of the time since their last Tetanus-Diphtheria (Td) dose. After the receipt of Tdap, health care personnel should receive routine booster immunization against tetanus and diphtheria according to previously published guidelines.

The FDA lowered the age for individuals receiving the Zostavax vaccine used to prevent shingles from age 60 and up to age 50 and up.

ACIP recommendations now include people with high-risk medical conditions or those who smoke as individuals who should consider receiving the Pneumococcal vaccine for prevention of pneumonia.

And finally, the FDA recently approved the Adenovirus vaccine, a vaccine against adenovirus, and the DoD now requires the military recruit population in all branches of service and the Coast Guard to receive it.

There are immunizations recommended for the entire DoD family based occupation, age, gender, medical history, geographical location and lifestyle choices. Although this list provides some of the recent updates, it does not include all the vaccines recommended for all individuals. Please talk to your provider for specific information and recommendations as they pertain to you.

As Naval Hospital Camp Lejeune's immunizations clinics and Health Promotion and Wellness Department advocates and promotes awareness on immunization health during the month of August, remember: it's wise to immunize!

ations affect expanded population groups

Are you one of the following groups affected?

Parents?

- As of Oct. 2010, the ACIP updated the recommendations for people to receive the Meningococcal vaccine to prevent meningitis. Two new recommendations are the routine vaccination of adolescents, preferably at age 11 or 12 years, with a booster dose at age 16 years; and, the vaccination of persons aged 2 through 54 with certain risk factors.
- The ACIP also recommends routine Human Papillomavirus (HPV4, Gardasil) vaccination of females at age 11 or 12 years and catch-up vaccination for females aged 13 through 26 years.
- As of Oct. 2009, ACIP provided guidance that HPV4 may be given to males aged 9 through 26 years to reduce their likelihood of acquiring genital warts; ACIP does not recommend HPV4 for routine use among males.

Health care personnel?

• It is now recommended by the ACIP that all health care personnel, regardless of age, receive a single dose of Tetanus and Diphtheria Toxoids with Acellular Pertussis (Tdap) for prevention of tetanus, diphtheria and acellular pertussis for those who have not previously received Tdap and regardless of the time since their last Tetanus-Diphtheria (Td) dose. After the receipt of Tdap, health care personnel should receive routine booster immunization against tetanus and diphtheria according to previously published guidelines.

Ages 50 and up?

• The FDA lowered the age for individuals receiving the Zostavax vaccine used to prevent shingles from age 60 and up to age 50 and up.

People with high-risk medical conditions or smokers?

ACIP recommendations now include people with high-risk medical conditions
or those who smoke as individuals who should consider receiving the
Pneumococcal vaccine for prevention of pneumonia. Consult your physician
for more details.

A new military recruit?

 The FDA recently approved the Adenovirus vaccine, a vaccine against adenovirus, and the Department of Defense now requires the military recruit population in all branches of service and the Coast Guard to receive it.

DoD beneficiaries and health care personnel can obtain specific information on recommended immunizations from their health care provider or NHCL's immunization clinic by calling 450-4648.



HOSPITAL ROUNDS

You're invited...

To the NHCL Military Retiree Health Care Town Hall Meeting

Have health questions, concerns or issues? Then join Capt. Daniel Zinder, commanding officer, NHCL, at the quarterly Military Retiree Health Care Town Hall Meeting and get the answers! This is an opportunity for active duty, retirees and families to get the information needed about health care! The meeting is on Aug. 18, at 2:00 p.m. and 6:00 p.m. in Bldg. 65. For more information, call Raymond Applewhite, 450-4463, or Anna Hancock, 450-3501.

TRICARE: There's an app for that!



TRICARE goes mobile!
TRICARE now allows you to manage your prescriptions and access important health information using your

smart phone. Learn more about the TRICARE Express Rx mobile app and website at www.tricare.mil

Check out Navy Medicine's new blog!

Stay current with Navy Medicine news!

Visit http://navymedicine.navylive.dodlive.mil/ and read about the latest and greatest Navy Medicine has to offer!

ATTENTION FRG

The Red Cross now has a single telephone number for it's emergency communication services regardless of where you live. If you need to send an urgent message to a deployed service member, call 877-272-7337.

Be smart, do your part and VOTE!

NHCL introduces new command Voting Officer

Hello military voters:



Now is the time to show your patriotism! Only for those absentee ballot voters, please confirm that your Local Election Official has your correct mailing address (so that you can exercise your right to vote). Take a few minutes to fill out the Federal Post Card Application

(SF76) form online, print and sign the form, and mail it to your Local Election Official by using the prepaid return envelope. A complete listing of mailing addresses can be found at www.fvap.gov. For an alternative, I have a hard copy of the list you may review. For more information, visit NHCL's Sharepoint.

Lt. Cmdr. Karen Gray NHCL Voting Assistance Officer 450-4870

Tell the hospital your two cents!

Visit NHCL's Web site or one of the kiosks around the hospital and leave an ICE comment! We look forward to hearing your feedback!

Trouble sleeping? Try these healthy sleep tips and tricks!

The average person will sleep for 26 years! With pressure to perform and little time to meet obligations, it is easy to neglect sleep habits, and sleep deprivation can have serious consequences. No sleep for 24-hours results in the reaction time and impaired coordination equivalent to a blood alcohol level of 0.1%, legally intoxicated! Sleep loss also contributes to development of obesity, diabetes and immune system dysfunction.

Need tips to catch zzzz's? Make the bedroom dark, cool and quiet. Develop a ritual such as soothing music before sleep and try a glass of warm milk (it contains tryptophan, a natural sleep-promoting agent). Also, maintain consistent sleep and

wake times - seven days a week; remove sources of distraction; and, avoid serious discussions, arguments or phone calls right before bedtime. Most importantly, even though alcohol induces sleep, it results in poor quality rest, so avoid alcohol and stimulants such as tobacco, caffeine and refined carbohydrates within six hours of bedtime. Regular daily exercise improves sleep, but not if the workout is too vigorous right before bedtime!

If these tips do not help, see a health care provider to ensure that sleep deprivation does not occur because of a chronic medical and/or mental health condition, or medications.

This message is brought to you by NHCL's Health Promotion and Wellness Department.

It's all about excellence

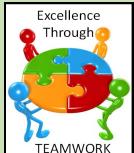
By Quality Management Department

he Quality Management, Continuous Process ■ Improvement (CPI) initiative has recognized its first awardees for directorate and department excellence within the following four areas: Directorate of Branch Clinics (DBC), Directorate of Medical Services (DMS), Directorate of Clinical Support Services (DCSS) and Directorate of Nursing Services (DNS).

The second quarter recipients whose representatives accepted plagues from the Quality Management Department Director Lt.







Cmdr. Jeffrey Huff, are the Caron Clinic; the Emergency Department; Laboratory Services; and, the Multi-Service Ward.

All awardees contributed to the command's Joint Commission standards and National Patient Safety Goal compliance, as well as significant process improvement initiatives.

The recipients now hold the excellence plaque and "bragging rights" until the next CPI recognition, where they will either maintain or surrender it. The next scheduled CPI Excellence Recognition is Sept. 16.

Special thanks to Susan Brooks, Angel Pearson and Calvin Leatherwood for their technical support in these successes!





Pictured accepting plagues from the Quality Management Department Director Lt. Cmdr. Jeffrey Huff from left to right: Cmdr. Steven Blivin, Directorate of Branch Clinics; Susan Brooks, Caron Clinic; Angel Pearson, Quality Management Department; Jamie Nielson, Emergency Department; Christine Wilson, on behalf of Laboratory Services; Capt. Nancy Pearson, Directorate for Nursing Services; Lt. Cmdr. Timothy Drill, Multi-Service Ward; Lt. Cmdr. Dawn Mitchell. Multi-Service Ward.

U.S. Navy photos by Hospitalman Timothy Buchheit

Combat wounded Marine lauds Navy medical care

By Religious Program Specialist 3rd Class Joshua Bloodgood **Pastoral Care Department**

t was business as usual for Naval Hospital Camp Lejeune providers The bullet entered the inside of Kutilek's right leg and caused a Lon June 16. They were having their quarterly medical staff meeting at the Chief Westfield Building to discuss the upcoming accreditation inspection; recognize the outstanding providers who received high patient satisfaction ratings; and, to listen in on a few briefs. That is until Marine Corps Capt. Matthew Kutilek took the floor.

"Without Navy medicine corpsman, doctors, physician assistants and nurses, at best you're listening to a severely injured Marine that's missing a leg," began Kutilek. "Realistically what should have happened...you're listening to a dead man."

A pen drop could be heard as Kutilek went into detail about the events that took place which landed him into the caring hands of Navy medicine.

While conducting a combat march in southern Afghanistan, on March 5, 2010, Kutilek's unit was engaging enemy forces. At about 11:20 a.m. that morning, he was shot by an enemy sniper.

compound fracture in his tibia, severing two out of three major arteries, and removing roughly a quarter-to-half of his calf muscle when it exited his body. His injuries caused massive blood loss, which would have killed him within minutes if it weren't for a corpsman who immediately sprung into action.

"He packed my wounds and applied a tourniquet within 30 seconds. If he would have waited 15 or 20 more seconds you can obviously understand I would have died," explained Kutilek. "Within 15-20 minutes I was laying on a table with a Navy medical team surrounding me, stripping me, asking me questions."

Kutilek continued to explain the professional and caring treatment that not only saved his leg, but his life as well.

"Over the last 14 months I've had a virtual tour of Navy Medicine. Whether it was in Bethesda, M.D., Jacksonville, Fla., Portsmouth, Va., NHCL or overseas, I've literally gone through every department," said Kutilek.

Skrypek and Chance chosen for Lejeune's semi-pro, 'All Marine' team

By Lt. Nathan Hemerly Family Medicine Clinic

Baltimore Ravens linebacker Ray Lewis said in a recent interview that crime would increase if the NFL fails to settle its lockout and games are cancelled. What he fails to recognize is that football fans will always love the game. As



Lt. Tony Skyrpek
TRICARE Operations Department

long as pads are cracking somewhere, whether it is at Southwest Onslow High School on Friday nights or Baton Rouge, La., and State College, Penn., on Saturdays, we will be there, and we will be happy.

Two Naval Hospital Camp Lejeune staff members: Lt. Anthony Skrypek, TRICARE Operations Department and Hospital Corpsman 3rd Class Marquevis Chance, Otolaryngology Department (ENT), are poised to fill the NFL's void as the only two Sailors chosen to play on Lejeune's semiprofessional football team.

They are teammates for the Camp Lejeune Bulldogs of the Gridiron Developmental League (GDFL), a minor league football organization based out of Memphis, Tenn., consisting of approximately 90 teams.

Opponents on their schedule include fellow N.C. Patriot Division teams from Raleigh, Jacksonville, and Fayetteville. Military bragging rights are on the line when the Bulldogs play the Fayetteville Enforcers since many of their players are active duty Army soldiers from Fort Bragg. Games against the Jacksonville Brigade are a battle for local supremacy.

Skrypek joined the team as a walk-on when he came across the team practicing one afternoon. He has a background of playing multiple positions during his college careers at Fairmont State and Slippery Rock, but settled onto the Bulldogs as a key piece of their special teams unit.

Chance will be looking to cut down on Skrypek's punting and field goal kicking business by



Hospital Corpsman 3rd Class Marquevis Chance Otolaryngology Department (ENT)

making big plays on offense. Chance is listed as a running back and wide receiver.

Chance's skills at running back for the Naval Hospital's intramural tackle football team are what impressed scouts from the Lejeune Bulldogs.

To catch a game and support your fellow NHCL staffers, view the schedule online at http://www.mccslejeune.com/sports/LejeuneBulldogs.html.

Courtesy photos

MARINE from page 7

Kutilek has been seen everywhere from orthopedics to neurology; enduring 10 surgeries and over 90 appointments at physical therapy. His experience with Navy medicine also extends to pediatrics, as all three of his daughters have been born at a Naval Hospital and continue to be seen by Navy medicine providers. He has nothing but praise about the care he and his family have received.

"There's a running joke in Jacksonville, that I'm sure you've heard, that 'Navy medicine, is the worst medicine in the world; the medicine of the lowest bidder...Real doctors don't even serve in the military."

Kutilek encouraged NHCL providers to ignore to joke, and continued to say how he believes the vast majority of Marines, Navy personnel and their families think that Navy medicine personnel makes a phenomenal difference and impact in their life. Most importantly, how everyone in Navy medicine is a true leader.

The encouragement that Kutilek offers is exactly why Cmdr. Jerry Foltz, director of Pain Management and the president of the NHCL medical staff, asked Kutilek to speak at this meeting.

"This was my last meeting as president, and I specifically wanted a wounded warrior to speak," said Foltz. "Kutilek has a good story to show how the staff can have a major impact on a patient's life every day. It was also a good motivational speech for our staff, to exemplify the fruits of all their hard labor."

GRADUATION from page 3

base ranging from newborns to senior citizens. The interns are challenged throughout the program. They train in the emergency room, trauma, intensive care, ward medicine, OB-GYN, pediatrics, surgical, and many other areas of the hospital.

"The program gives the residents and interns a breath of experience and prepares them to support the operational forces," said Capt. Daniel J. Zinder, commanding officer, NHCL. "The residents work hard and ask a lot of questions. We are proud of the residents and interns in this graduating class."

NHCL congratulates the following graduates as many of them move on to provide great military medicine around the world: (residents) Cmdr. James Stasiak: will report to the submarine tender USS Frank Cable; Lt. Cmdr. Wendy Gordon: will report to Marine Special Operations Command (MARSOC); Lt. Cmdr. William Nguyen: will report to U.S. Naval Hospital, Guam; Lt. Eric Vaught: will report to U.S. Naval Hospital, Yokosuka, Japan; Lt. Megan Sick: will report to Naval Health Clinic, Lemoore, Calif.; Lt. Marc Molenat: will report to Okinawa, Japan; Lt. Stephanie Elenbaum: will report to Naval Health Clinic, Cherry Point, N.C.; (interns) Lt. Stephanie Fofi and Lt. Keith Claussen: will remain at NHCL to complete residency; Lt. Mark Hauswirth and Lt. Mathew Guggenbiller: will report to Pensacola, Fla., for flight surgery training; and, Lt. Grace Yi: will report to Norfolk, Va., for a GMO billet.